**Eureka College**

**Application for Sabbatical Leave**

Submit completed form to the Provost’s Office, ATTN: Provost & Dean Dr. Dan Blankenship

Submit a copy to the Faculty Status and Development Committee

**A Basic Application Information**

Date of Application: .

Name: .

Division: .

Rank: .

Tenure Status: .

Application for: .

Proposed leave dates: .

Previous sabbatical: .

**B Application Questions**

*1.What are the goals of your proposed sabbatical activities? Would travel and/or additional expenses be involved?*

*2. List foundations, institutions, or other organizations, if any, with which you will be affiliated during the leave period. Indicate the facilities and personnel of particular relevance to your application. Include a letter from the institution with which you are affiliating the arrangements that have been negotiated.*

*3. How do your plans relate to your research, your teaching, or your other professional interests? What concrete results do you expect from this work, i.e. publications, manuals, course revisions, etc.?*

*4. How will the proposed activities enhance your personal development or professional renewal? How would the sabbatical also benefit your department, division or the college, in the areas of scholarship, teaching, learning, leadership, or service? Will any of your activities or results be patentable?*

*5. If you have applied for supplementary sources of financial assistance, what is the status of those applications?*

*6. Are there compelling reasons why the leave must be taken at the time proposed? Such reasons might include the need to continue a project already begun; receipt of a fellowship; the need to meet a deadline; a special invitation; one-time opportunities, etc.*

Sabbatical Applicant Name/Signature: Date: .

**C. Supervisor/Division Chairperson’s Statement**

*1.List courses normally scheduled to be taught by the applicant during the proposed sabbatical period.*

*2.Which of these courses must be taught during the proposed sabbatical period?*

*3.Could any course offerings be canceled during the applicant’s proposed sabbatical period?*

*4.How can departmental staffing needs be met by scheduling changes, by overloads, or by part-time teaching assistance?*

*5.What additional information do you feel deserves special consideration in this proposal? Are there any additional comments that you would like to make on this proposal.*

Division Chair Name/Signature: Date: .